



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

STEVEN S. CALLAHAN & ASSOCIATES, P.C.

Respondent Name

WAUSAU UNDERWRITERS INSURANCE

MFDR Tracking Number

M4-10-4833-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

JULY 23, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The Requestor acknowledges that CPT 90882 is no longer allowable under Medicare guidelines. However, the Requestor wishes to note that while the Texas Department of Insurance, Division of Workers' Compensation has adopted a significant portion of Medicare's coding and reimbursement methodologies, 'Specific provisions contained in the Texas Worker' Compensation Act (the Act), or Texas Workers Compensation Commission [sic] (commission) [sic] rules, including this rule, shall take precedent over any conflicting provision adopted by or utilized by CMS in administering the Medicare program'...Thus it stands to reason that the status of a code or service under Medicare is of no consequence should the Division of Workers' Compensation allow for its use."

Amount in Dispute: \$560.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Code 90882 is not reimbursable per medical coding and billing policies. Exceptions are allowed if Medicare provisions conflict with the Labor Code but we have been able to determine that as the case in this instance. It appears that this code is being billed for a 1 page statement of the claimant's progress in the Work Hardening program. Treatment within the program should be documented and billed as part of the program. We have no record of the provider having billed for face-to-face treatment for these dates. It would then appear that the patient is being seen within the WH program and that the documentation would be included in that charge."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 22, 2009 through November 22, 2009	CPT Code 90882 (4 dates) Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	\$140.00 X 4 = \$560.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, 33 *Texas Register* 364, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - B291-This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed.

Issues

Is the requestor entitled to reimbursement?

Findings

According to the submitted explanation of benefits, the respondent denied reimbursement for CPT code 90882 based upon reason code "B291."

Per 28 Texas Administrative Code §134.203(b)(1) "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Both parties agree that CPT code 90882 is not covered by Medicare policy; however, the requestor asks the Division for an exception to Medicare policy for CPT code 90882. The Division finds that the requestor did not explain or submit documentation to support the requested exception.

The respondent states that "It appears that this code is being billed for a 1 page statement of the claimant's progress in the Work Hardening program. Treatment within the program should be documented and billed as part of the program. We have no record of the provider having billed for face-to-face treatment for these dates. It would then appear that the patient is being seen within the WH program and that the documentation would be included in that charge." The Division reviewed the requestor's Environmental Interventions reports and concludes that the requestor did not support that the service billed under CPT code 90882 was not part of the rehabilitation program. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

06/05/2014

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.